



Regional Partnership Grants  
and Cross-Site Evaluation

## REGIONAL PARTNERSHIP GRANTS ROUND II MASSACHUSETTS FAMILY RECOVERY PROJECT SOUTHEAST

**LEAD AGENCY:** Commonwealth of Massachusetts/Massachusetts Department of Public Health

**LOCATION:** Boston, MA

**PROGRAM FUNDING:** \$882,353 Total; \$750,000 Federal; \$250,000 Match

**GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED:** Fall River and New Bedford, MA-002

**NUMBER SERVED:** 350 families over the grant period.

### PROJECT ABSTRACT

The Family Recovery Project Southeast (FRP-SE) provides intensive evidence-based and collaborative services, focused on stabilizing families with children who are in out-of-home placements or who are at imminent risk for removal from the home because of parental substance abuse. With the overarching goal of strengthening and stabilizing families, the project engages parents in intensive home-based treatment for substance abuse and co-occurring disorders, ultimately facilitating access to existing recovery and treatment supports, achievement of objectives on a personalized family plan and involvement in child development, parenting education and social support services. The Family Recovery Specialist (FRS) builds a strong relationship with the family, employing evidence-based strategies focused on strengthening parent-child attachment, healing the impact of trauma, building resilience and facilitating recovery. A Regional Council supports increased collaboration and communication among agencies to streamline access to necessary services and better coordinate those services for vulnerable families. Protocols for interagency collaboration, cross training and communication developed is replicated and adapted to match the strengths of the communities. Anticipated outcomes of the project include: increased social and emotional resilience in children, increased numbers of children reunified with their parent, increased engagement in substance abuse treatment, improved parenting skills in empathy and appropriate developmental and behavioral expectations, improved attachment between parent and child, increased access to community services and better coordination and communication among community and state agencies.

### TARGET POPULATION

**General:** Eligible families for this project include high-risk families who have open cases with Department of Children & Families (DCF), children who have been removed from the family and have a goal of reunification or have children who are at imminent risk for removal because of parental substance abuse.

**Serving Voluntary Families:** Families who have current substance abuse/co-occurring mental health concerns, and who are not adequately engaged in treatment will have priority.

**In-home/Out-of-home Focus:** The project serves families with children who are in the home and those who are placed outside of the home following completion of a child welfare investigation.

## **MAJOR PROGRAM SERVICES**

- **Case Management and Case Conferencing**
  - Intensive/Coordinated Case Management
  - Family team meetings
- **Parenting/Family Strengthening**
  - Nurturing Program for Families in Substance Abuse Treatment and Recovery
- **Family Therapy/Counseling**
- **Specialized Program or Services for Fathers**
- **Mental Health and Trauma Services for Adults**
- **Substance Abuse Treatment for Adults**
  - Specialized Outreach, Engagement and Retention
  - Family Recovery Specialists
- **Children's Screening/Assessment**
- **Adult Screening/Assessment**
- **Children's Services**
  - Mental Health Counseling
- **Trauma Services for Children/Youth**
- **Cross-Systems/Interagency Collaboration – Clinical-Related Activities**
- **Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities**
- **Evidence-Based Practices:**
  - Cognitive Behavioral Therapy
  - Seeking Safety
  - Motivational Interviewing
  - Stages of Change
  - Attachment Self-Regulation and Competence (ARC)
  - Nurturing Program for Families in Substance Abuse Treatment and Recovery
  - Child-Parent Psychotherapy (CPP)

## **MAJOR PROGRAM GOALS**

**Goal 1:** Improve the well-being, permanency outcomes, and safety for children;

**Goal 2:** Improve children's developmental outcomes; and

**Goal 3:** Improve system-level capacity and effectiveness in the area served by the Regional Council.

## **KEY PARTNER AGENCIES**

The Regional Partnership Grants encourages service providers to develop and/or strengthen cross-system linkages between substance abuse treatment, child welfare, dependency court and other service systems. The following partners are included:

### **Child Welfare**

- Massachusetts Department of Children and Families

### **Substance Use and Mental Health**

- Bureau of Substance Abuse Services
- Institute for Health and Recovery
- Department of Mental Health
- Community Substance Abuse Centers (CSAC)
- Highpoint Treatment Center
- Massachusetts Organization for Addiction Recovery
- Positive Action Against Chemical Addiction
- Saint Anne's Trauma Clinic
- Seven Hills Behavioral Health
- South Bay Mental Health
- Stanley Street Treatment and Resources (SSTAR)

### **Court**

- Governor's Interagency Council for Substance Abuse and Prevention
- Bristol County DA's Office

### **Evaluation/Data Collection, Training**

- Advocates for Human Potential

### **Regional Council Members**

- AdCare Hospital
- New Bedford Community Connections Coalitions
- DPH/BFHN Division for Perinatal, Early Childhood and Special Health Needs
- DPH/BFHN Early Intervention
- Habit OpCo
- The Women's Center
- Steppingstone
- Family Service Association of Fall River
- Gosnold of Cape Cod
- Latino Health Institute
- Kennedy Donovan Center
- County/Regional School District

## DISSEMINATION ACTIVITIES

With important implications for policymakers, researchers and practitioners from child welfare and behavioral health, program and evaluation products and dissemination plans are critical. The FRP-SE team is committed to disseminating findings widely through presentations at consumer, provider and research meetings in Massachusetts and nationally through published outlets from newsletters to journals. They identify and engage target audiences, produce materials based on the evaluation and the needs of the target audiences and disseminate summaries/syntheses about the grant.

Reporting and dissemination is central to the proposed evaluation, allowing regular and frequent feedback on program accomplishments and weaknesses so that the data can be used to manage the project, assure continuous quality improvement and improve outcomes.

## SUSTAINABILITY STRATEGIES AND ACTIVITIES

**Involvement of Partners:** Massachusetts is invested in the success, sustainability and reliability of the Family Recovery Project (FRP). Hampden County FRP is sustained to continue to provide intensive home-based services that improves family stability, reduces the numbers of children in out-of-home placements, increases access to and effectiveness of substance use treatment and stability in recovery.

**Sustainability Approach:** DCF and Bureau of Substance Abuse Services (BSAS) expects that by the final project year (YR5) of FRP-SE, there is sufficient data to assess and demonstrate potential value and impacts of home-based, integrated services on adult, family and possibly some child outcomes. Key staff works with the legislature, Governor's Interagency Council and advisory groups to promote ongoing collaboration among agencies and sustainability of the project. Critical partners who can effect lasting change in policy and practice are participating in this project.

**Institutionalizing Strategies:** The strong partnership and joint management of this project by DPH and DCF ensures that practice improvements in both systems can be expanded cross-region and institutionalized.

**Additional Funding:** DCF and BSAS staff members continue to advocate for state and local funding for these services and work to develop a fiscal plan that supports the services through a combination of state contracts and third party sources. Communication with third party payers, Medicaid, Health Maintenance Organizations and the Massachusetts Behavioral Health Partnership, is ongoing to determine appropriate reimbursement structures for project services.

## EVALUATION

The RPG program aims in part to expand the child welfare and substance abuse treatment fields' knowledge of approaches that improves the well-being and functioning of families with children at risk of maltreatment and who are also affected by parental substance abuse. As a result, each RPG grantee is conducting a local evaluation of its program. Family Recovery Project Southeast (FRP-SE) is using a comparison group design to evaluate the impact of its program on families.

Program group families are assigned to a Family Recovery Specialist. The comparison group is made up of DCF-involved families, who utilize existing treatment and community resources. The original planned sample sizes for the evaluation was 400 families (280 in the program group and 120 in the comparison group). Due to unanticipated delays in the initial recruitment and

enrollment of evaluation, families revised estimates for the treatment group and comparison group are estimated at 125 families each (200 total).

**Outcome Study Design:** DCF social workers review open child welfare cases of families in the New Bedford and Fall River service areas to determine whether they meet eligibility requirements for the RPG program. A target group of potential comparison group families in the Taunton and Brockton areas is recruited into the comparison group and screened for eligibility. If eligible, families are included in the comparison group. In addition, DCF administrative data is matched with treatment group family data to identify a matched, administrative-data-only comparison group to supplement the local evaluation data.

FRP-SE is assessing outcomes in five areas: (1) child well-being, (2) child permanency, (3) child safety, (4) adult recovery and (5) family functioning and stability. Program and evaluation staff collect primary child well-being, adult recovery and family functioning data at baseline and program exit. The grantee and evaluator have developed a data sharing agreement with DCF to obtain administrative child welfare records on safety and permanency. In addition to a set of outcomes the Children's Bureau has selected for the RPG national cross-site evaluation and grantees' local evaluations, FRP-SE collects data on client reports of services needed, services received and satisfaction with treatment.

**Additional Evaluation Components:** FRP-SE is also conducting a process evaluation to describe the development and implementation of the project over time. The evaluation team collects and reports information on barriers encountered, progress and lessons learned about implementing collaborative, cross-system projects and integrating services. The team uses key informant interviews, client focus groups, document reviews and direct observations for the process evaluation.

**RPG National Cross-Site Evaluation Participation:** In addition to its local evaluation, FRP-SE is participating in the RPG national cross-site evaluation of family outcomes, program implementation and partner collaboration. FRP-SE is also participating in a substudy that examines the impacts of a subset of RPG programs across the nation.

## ADMINISTRATIVE STRUCTURE

The Departments of Public Health and Children & Families jointly manage the project, with the Institute for Health and Recovery providing clinical services. Advocates for Human Potential conduct an evaluation to assess family outcomes as well as changes in cross-agency collaboration. This project brings together statewide leadership for child welfare and substance abuse treatment in the FRP. The Regional Council includes DCF area offices for Fall River and New Bedford, and the leading substance abuse, mental health and other social service agencies in the region. This multi-agency council of providers meets regularly to design and implement improved, streamlined approaches for referral, access and coordination of service.

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